County: Polk
FREDERIC CARE CENTER
205 UNITED WAY
FREDERIC 548

FREDERIC 54837 Phone: (715) 327-4297
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 50
Total Licensed Bed Capacity (12/31/00): 50
Number of Residents on 12/31/00: 47

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census: 45

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	0) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	25. 5 46. 8
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	$\begin{array}{c} 0.0 \\ 42.6 \end{array}$	Under 65 65 - 74	0. 0 2. 1	More Than 4 Years	27. 7
Respite Care Adult Day Care	No Yes	Mental Illness (Other) Alcohol & Other Drug Abuse	8. 5 0. 0	75 - 84 85 - 94	53. 2 34. 0	********	100.0
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi pl egi c Cancer	0. 0 0. 0	95 & 0ver	10. 6	Full-Time Equival Nursing Staff per 100	ent Posi donts
Home Delivered Meals	No	Fractures	2. 1	07.00	100. 0	(12/31/00)	Resi delles
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	17. 0 10. 6	65 & 0ver	100. 0	RNs	12. 5
Referral Service Other Services	No No	Di abetes Respi ratory	$0.0 \\ 2.1$	Sex	%	LPNs Nursing Assistants	9. 3
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	17. 0	Male Female	23. 4 76. 6	Aides & Orderlies	35. 6
Provi de Day Programming for	-10		100. 0	геныте			
Developmentally Disabled ************************************	No	**********	*****	******	100. 0	 ***********	*****

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther		P	ri vate	Pay	 !	Manageo	l Care		Percent	
			Per Diem Pe			Per Die	em Per Diem			m	Per Diem			Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 7	\$130.75	0	0. 0	\$0.00	1	10. 0	\$151.00	0	0. 0	\$0.00	2	4. 3%
Skilled Care	0	0. 0	\$0.00	25	67.6	\$111. 78	0	0. 0	\$0.00	4	40.0	\$133.00	0	0. 0	\$0.00	29	61. 7%
Intermedi ate				11	29.7	\$92. 81	0	0.0	\$0.00	5	50. 0	\$117.00	0	0.0	\$0.00	16	34.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		37 1	00.0		0	0.0		10	100.0		0	0.0		47	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent 15. 4 Resi dents Private Home/With Home Health 0.0 Baťhi ng **0**. 0 **66.** 0 34. 0 47 Other Nursing Homes 15. 4 Dressi ng 12.8 40.4 46.8 47 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 29.8 46.8 61.5 23.4 47 27.7 38.3 34.0 0.0 Toilet Use 47 0.0 Eating 51. 1 31.9 17.0 47 Other Locations ****** 7.7 Total Number of Admissions 26 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4.3 14. 9 Private Home/No Home Health 4.8 Occ/Freq. Incontinent of Bladder 57.4 0.0 Private Home/With Home Health 9. 5 Occ/Freq. Incontinent of Bowel 42.6 2. 1 Other Nursing Homes 4.8 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 33. 3 Mobility 2. 1 Physically Restrained 6.4 0.0 25. 5 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics Deaths 47.6 With Pressure Sores 6. 4 Have Advance Directives 100.0 Total Number of Discharges With Rashes Medications 0.0Receiving Psychoactive Drugs (Including Deaths) 57. 4

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li censure:			
	This Proprietary		50- 99		Skilled		Al l		
	Facility	cility Peer Group		Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90. 0	80. 4	1. 12	85. 4	1. 05	84. 1	1. 07	84. 5	1.06
Current Residents from In-County	61. 7	74. 2	0. 83	72. 9	0.85	76. 2	0.81	77. 5	0.80
Admissions from In-County, Still Residing	34. 6	19. 0	1. 82	21. 3	1.62	22. 2	1. 56	21. 5	1.61
Admissions/Average Daily Census	57. 8	135. 3	0.43	101. 3	0. 57	112. 3	0.51	124. 3	0.46
Discharges/Average Daily Census	46. 7	137. 7	0. 34	101. 3	0.46	112. 8	0.41	126. 1	0.37
Discharges To Private Residence/Average Daily Census	6. 7	57. 0	0. 12	37. 6	0. 18	44. 1	0. 15	49. 9	0. 13
Residents Receiving Skilled Care	66 . 0	89. 4	0. 74	89. 6	0. 74	89. 6	0. 74	83. 3	0. 79
Residents Aged 65 and Older	100	95. 9	1. 04	93. 4	1.07	94. 3	1.06	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	78. 7	71. 6	1. 10	69. 0	1. 14	70. 1	1. 12	69. 0	1. 14
Private Pay Funded Residents	21. 3	19. 0	1. 12	23. 2	0. 92	21. 4	1.00	22. 6	0. 94
Developmentally Disabled Residents	0. 0	1. 2	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	51. 1	35. 9	1.42	41.5	1. 23	39. 6	1. 29	33. 3	1.53
General Medical Service Residents	17. 0	18. 2	0. 93	15. 4	1. 11	17. 0	1.00	18. 4	0. 92
Impaired ADL (Mean)	54 . 0	47. 3	1. 14	47. 7	1. 13	48. 2	1. 12	49. 4	1.09
Psychological Problems	57. 4	45.0	1. 28	51. 3	1. 12	50.8	1. 13	50. 1	1. 15
Nursing Care Required (Mean)	6. 4	6. 7	0. 95	6. 9	0. 92	6. 7	0. 95	7. 2	0.89